

SUPPLEMENTAL STATEMENT OF AERONAUTICAL QUALIFICATION FOR AIR RESERVE TECHNICIAN

PRIVACY ACT STATEMENT

AUTHORITY: The Office of Personnel Management is authorized by Section 1302 of Chapter 13 (Special Authority) and Section 3301 and 3304 of Chapter 33 (Examination, Certification, and Appointment) of Title 5 of the U. S. Code and Executive Order 9397.

PRINCIPAL PURPOSE: Information contained herein is used to identify this form with your basic application. It may be used for the same purpose as stated in the application. Use of SSN is necessary to make positive identification.

ROUTINE USES: Information contained herein will be used primarily to determine your qualifications for Federal employment; To make request for information about you from any source (e.g., former employers or schools) that would assist an agency in determining whether to hire you; To refer your application to prospective Federal employers ; To Federal, State, or local agencies for checking on violations of law or other lawful purposes in connection with hiring or retaining you on the job, or issuing a security clearance; To the courts when the Government is party to a suit or when required by Congress, the Office of Management and Budget, or the General Services Administration.

DISCLOSURE IS VOLUNTARY: However failure to do so may result with an ineligible or minimum rating.

This form must be furnished with application for all aircrew positions. It must also be furnished with any request for re-rate/extension of eligibility along with an application update.

NAME (<i>Last, First, MI</i>)	SSN	TITLE OF POSITION FOR WHICH APPLYING
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BREAKDOWN OF MILITARY FLYING HOURS (DO NOT include civilian flying hours)

MONTH & YEAR FROM/TO	FULL PREFIX AND TYPE ACFT	AIRCREW POSITION	LAST MILITARY FLYING DATE AS				MILITARY FLYING HOURS AS				
			STUDENT	BASIC	INSTRUCTOR	EVALUATOR/ EXAMINER	SIMU- LATOR	STUDENT	BASIC	INSTRUC- TOR	EVALUATOR, EXAMINER

9-86/8-87	T-37	STUDENT PILOT	8-87				50	200			
8-87/6-94	WC-130	ACFT CMDR/INST/EXAM	11-87	1-93	12-93	6-94	200	50	1500	250	50

COMPLETE THE COLUMNS BELOW AS SHOWN IN THE ABOVE EXAMPLE

[illegible]

ARE YOU CURRENTLY ON FLYING STATUS WITH A BRANCH OF THE ARMED FORCES?

ORGANIZATION/UNIT OF ASSIGNMENT _____

☐ YES

☐ NO

HAVE YOU EVER APPEARED BEFORE A FLYING EVALUATION BOARD?

☐ YES

☐ NO

(If yes, give circumstances and results in remarks).

REMARKS

ATTENTION - THIS STATEMENT MUST BE SIGNED

READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS STATEMENT

A false answer to any question in this statement may be grounds for not employing you, or for dismissing you after you begin work, and may be punishable by fine or imprisonment (U. S. Code, Title 18, Section 1001). All statements are subject to investigation, including a check of your fingerprints, police records, and former employers. All information you give will be considered in reviewing your statement and is subject to investigation.

CERTIFICATION

I certify that all of the statements made on this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

SIGNATURE

DATE